

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. JP920010018US1
(590.172)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

SEP 23 2005

In re Application of : Koseki et al.
Serial No. : 10/063,958 Examiner : Chuck O. Kendall
Filed : May 29, 2002 Group Art Unit : 2192
For : COMPILING METHOD AND STORAGE MEDIUM THEREFOR

HON. COMMISSIONER OF PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

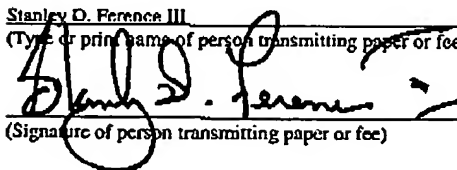
1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on September 23, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley O. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

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5. ☒ Also enclosed: Change in Correspondence Address
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	17	-	** 20	=	* 0	x	\$25	=	OR	x	\$50	=
Ind. Claims	13	-	*** 13	=	* 0	x	\$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	OR	+	\$360	=
							TOTAL	= \$	OR		TOTAL	= \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 

Stanley D. Ference III
Reg. No. 33,879

Dated: September 23, 2005

Mailing Address:

Customer No. 47049
FERENCE & ASSOCIATES
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Pittsburgh, Pennsylvania 15143
(412) 741-8400
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THEREFOR

September 23, 2005

AMENDMENT

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being transmitted by facsimile to the Commissioner for Patents on facsimile number (571) 273-8300 on September 23, 2005.


Stanley D. Ference III
Reg. No. 33,879

September 23, 2005
Date of Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action dated June 23, 2005, kindly enter the following amendments.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.